DO NOT file this claim if you are going to file a Missouri income tax return! See the instructions. **AMENDED CLAIM** 2008 FORM MO-PTC MISSOURI DEPARTMENT OF REVENUE VENDOR 000 PROPERTY TAX CREDIT CLAIM CODE SOCIAL SECURITY NO SPOUSE'S SOCIAL SECURITY NO LAST NAME FIRST NAME INITIAL JR, SR BIRTHDATE TELEPHONE NUMBER DECEASED MM 2008 JR, SR SPOUSE'S LAST NAME FIRST NAME INITIAL DECEASED IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.) BIRTHDATE PRESENT HOME ADDRESS CITY, TOWN, OR POST OFFICE ZIP CODE You must check a qualification to be eligible for a credit. Check only one. Required copies of letters, forms, etc., must be included with claim. C. 100% Disabled (Attach a copy of the letter from Social Security A. 65 years of age or older (Attach a copy of Form SSA-1099.) Administration or Form SSA-1099.) B. 100% Disabled Veteran as a result of military service (Attach a copy of the letter from Department of Veterans Affairs.) D. 60 years of age or older and received surviving spouse benefits (Attach a copy of Form SSA-1099.) If married filing combined, **FILING STATUS** Single you must report both incomes. Failure to provide the attachments listed below (rent receipt(s), tax receipt(s), 1099(s), W-2(s), etc.) will result in denial or delay of your claim! 1. Enter the amount of social security benefits received by you and/or your minor children before any deductions and/or the 00 amount of social security equivalent railroad retirement benefits. Attach Form SSA-1099 and/or RRB-1099. . . . . . 2. Enter the total amount of wages, pensions, annuities, dividends, interest income, rental income, or other income. 00 Attach Forms W-2(s), 1099(s), 1099-R(s), 1099-DIV, 1099-INT, 1099-MISC, etc. 3. Enter the amount of railroad retirement benefits (not included in Line 1) before any deductions. Attach Form RRB/1099-R (Tier II). 3 00 4 00 **HOUSEHOLD INCOME** 5. Enter the total amount received by you and/or your minor children from: public assistance, SSI, child support, Temporary Assistance payments (TA and/or TANF). Attach a copy of Form SSA-1099(s), a letter from the Social Security Administration and/or Social Services that includes the total amount of assistance received and Employment 00 5 6 00 7. Mark the box that applies and enter the appropriate amount. ☐ a. Enter \$0 if filing status is Single or Married Living Separate; If married and filing combined; □ b. Enter \$2,000 if you rented or did not own your home for the entire year; ☐ c. Enter \$4,000 if you owned and occupied your home for the entire year; ...... 7 00 8. Net household income — Subtract Line 7 from Line 6 and enter the amount; mark the box that applies. a. If you rented or did not own and occupy your home for the entire year, Line 8 cannot exceed \$27,500. If the total is greater than \$27,500, STOP - no credit is allowed. Do not file this claim. □ b. If you owned and occupied your home for the entire year, Line 8 cannot exceed \$30,000. If the total is greater than \$30,000, STOP - no credit is allowed. Do not file this claim. . . . . . . 00 9. If you owned your home, enter the total amount of property tax paid for your home less special assessments. Attach a copy of PAID real estate tax receipt(s). If your home is on more than five acres or you own a mobile home, attach Form 948, Assessor's Certification. 00 9 10. If you rented, enter amount from Form MO-CRP(s), Line 9. Attach rent receipt(s) for the whole year or each month or a REAL ESTA RENT I statement from your landlord, along with Form MO-CRP. Copies of cancelled checks (front and back) will be accepted 00 if your landlord will not provide rent receipts or statement. 10 11. Add Lines 9 and 10. If you rented your home, enter the total or \$750, whichever is less. If you owned your home, enter the total or \$1,100, whichever is less..... 11 00 CREDITS You must use the chart in the instructions to see how much refund you are allowed. Apply amounts from Lines 8 and 11 to chart on pages 13-15 to figure your Property Tax Credit. Note: Renters - maximum allowed is \$750. Owners - maximum amount allowed is \$1,100. . 00 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit or abatement if I employ such aliens I authorize the Director of Revenue or delegate to discuss my claim and attachments | E-MAIL ADDRESS with the preparer or any member of the preparer's firm. YES NO GNATI SIGNATURE DATE PREPARER'S SIGNATURE FEIN, SSN, OR PTIN S SPOUSE'S SIGNATURE DAYTIME TELEPHONE PREPARER'S ADDRESS AND ZIP CODE DATE



2008 FORM MO-CRP

Read instructions.
 Print or type.
 Failure to provide landlord information will result in denial or delay of your claim.

CERTIFICATION OF RENT PAID FOR 2008 MO-CRP result in denial or of					delay	y of your claim.			
1. SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY NUMB			JMBER ARE YOU RELATED TO YOUR LANDLORD? YES NO IF YES, EXPLAIN.						
2. NAME	3. LANDLORD'S NAME, LAST 4 DIGITS OF SSN, OR FEIN (MUST BE COMPLETED)								
ADDRESS OF RENTAL UNIT (I	DO NOT LIST P.O. BOX)		LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE (MUST BE COMPLETED)						
CITY, STATE, AND ZIP CODE			4. LANDLORD'S	PHONE N	IUMBER (MUST BE COMPL	ETED)			
5. RENTAL PERIOD DURING YEAR	FROM: MONTH	DAY	YEAR <b>2008</b>	TO:	MONTH	D	AY	YEAR <b>2008</b>	
		ot(s) for each rent payment or the ick). If receiving housing assista				6		00	
A. APARTMENT B. MOBILE HON C. BOARDING H D. SKILLED OR E. HOTEL If mea	T, HOUSE, MOBILE HOME LOT — 100% HOME / RESIDENTIAL INTERMEDIATE CAR als are included, enter E HOUSING — 100% I SIDENCE — If you shounder 18), check the a	responding percentage on Line 7.  DME, OR DUPLEX — 100%  CARE — 50%  E NURSING HOME — 45%  — 50%; Otherwise, enter — 100  (Rent cannot exceed 40% of tot ared your rent with relatives and/oppropriate box and enter percentage recentage to be entered:	% <b>al household</b> i r friends <b>(othe</b> l age.	r than yo	our spouse	7		%	
8. Net rent paid — Multiply Line 6 by the percentage on Line 7.					8		00		
	Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS.					9		00	
MO 860-1089 (10-2008)		For Privacy Notice, s	see the instru	ıctions.					

MISSOURI DEPARTMENT OF REVENUE CERTIFICATION OF RENT PAID FOR 2008			RM Failure to provide			ons. • Print or type. e landlord information will r delay of your claim.		
SOCIAL SECURITY NUMBER     SPOUSE'S SOCIAL SECURITY NUMBER			ARE YOU RELATED TO YOUR LANDLORD? YES NO IF YES, EXPLAIN.					
2. NAME	3	3. LANDLORD'S NAME, LAST 4 DIGITS OF SSN, OR FEIN (MUST BE COMPLETED)						
ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX)	L	ANDLORD'S ADI	DRESS, (	CITY, STATE, AND ZIP COD	E (MU	ST BE COMPLETED)		
CITY, STATE, AND ZIP CODE	4	LANDLORD'S F	PHONE N	IUMBER (MUST BE COMPL	ETED)			
5. RENTAL PERIOD FROM: MONTH DAY YEAR TO: MONTH — 2008 —					D	PAY —	YEAR <b>2008</b>	
	6. Enter your gross rent paid. Attach rent receipt(s) for each rent payment or the entire year, a statement from your landlord, or copies of cancelled checks (front and back). If receiving housing assistance, enter the amount of rent YOU paid						00	
7. Check the appropriate box and enter the corn  A. APARTMENT, HOUSE, MOBILE HO  B. MOBILE HOME LOT — 100%  C. BOARDING HOME / RESIDENTIAL  D. SKILLED OR INTERMEDIATE CAR  E. HOTEL If meals are included, enter-  F. LOW INCOME HOUSING — 100% (  G. SHARED RESIDENCE — If you sha or children under 18), check the ap Additional persons sharing rent/p	CARE — 50%  E NURSING HOME — 45%  — 50%; Otherwise, enter — 100%  (Rent cannot exceed 40% of total ared your rent with relatives and/or for propriate box and enter percentage	riends <b>(other</b> e.	than yo	our spouse	7		%	
8. Net rent paid — Multiply Line 6 by the percentage on Line 7.					8		00	
9. Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS.					9		00	

MISSOURI DEPARTMENT OF REVENUE CERTIFICATION OF RENT PAID FOR 2008			2008 FORM <b>O-CRP</b>	Read instructions.     Print or type.  Failure to provide landlord information will result in denial or delay of your claim.					
SOCIAL SECURITY NUMBER     SPOUSE'S SOCIAL SECURITY NUMBER				OU RELATED TO YOUR LA S, EXPLAIN.	NDLORD?	YES NO			
2. NAME			3. LANDLORD'S NAME, LAST 4 DIGITS OF SSN, OR FEIN (MUST BE COMPLETED)						
ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. E	BOX)	LANDLOR	D'S ADDRESS,	CITY, STATE, AND ZIP CO	DE (MUST BE C	OMPLETED)			
CITY, STATE, AND ZIP CODE		4. LANDLO	ORD'S PHONE I	NUMBER (MUST BE COMP	LETED)				
5. RENTAL PERIOD FROM: MONTH DURING YEAR	DAY	2008	TO:	MONTH	DAY		2008		
Enter your gross rent paid. Attach rent or copies of cancelled checks (front	receipt(s) for each rent payment or thand back). If receiving housing assist				6		00		
B. MOBILE HOME LOT — 100% C. BOARDING HOME / RESIDE D. SKILLED OR INTERMEDIAT E. HOTEL If meals are included, F. LOW INCOME HOUSING — G. SHARED RESIDENCE — If y	ILE HOME, OR DUPLEX — 100%	0% <b>tal househ</b> or friends (o		•					
Additional persons sharing rent/percentage to be entered: 1 (50%) 2 (33%) 3 (25%)					7		%		

MO 860-1089 (09-2008)

For Privacy Notice, see the instructions.

8. Net rent paid — Multiply Line 6 by the percentage on Line 7.

00

00

8

9

MISSOURI DEPARTMENT OF REVENUE CERTIFICATION OF RENT PAID FOR 2008			8 M RP	Read instructions.     Print or type.  Failure to provide landlord information will result in denial or delay of your claim.				
1. SOCIAL SECURITY NUMBER	MBER	ER ARE YOU RELATED TO YOUR LANDLORD? YES NO IF YES, EXPLAIN.						
2. NAME		3. LANDLORD'S	NAME, L	AST 4 DIGITS OF SSN, OR F	EIN (MI	UST BE COMPLETED)	)	
ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX)		LANDLORD'S AD	DRESS,	CITY, STATE, AND ZIP COD	DE (MUS	ST BE COMPLETED)		
CITY, STATE, AND ZIP CODE		4. LANDLORD'S	PHONE I	NUMBER (MUST BE COMPL	.ETED)			
5. RENTAL PERIOD FROM: MONTH DURING YEAR	DAY	YEAR <b>2008</b>	TO:	MONTH	D	——————————————————————————————————————	YEAR <b>2008</b>	
Enter your gross rent paid. Attach rent receip or copies of cancelled checks (front and ba					6		00	
7. Check the appropriate box and enter the corn  A. APARTMENT, HOUSE, MOBILE HO  B. MOBILE HOME LOT — 100%  C. BOARDING HOME / RESIDENTIAL  D. SKILLED OR INTERMEDIATE CAR  E. HOTEL If meals are included, enter-  F. LOW INCOME HOUSING — 100% (  G. SHARED RESIDENCE — If you shad or children under 18), check the appropriate of the control of the contro	CARE — 50%  E NURSING HOME — 45%  — 50%; Otherwise, enter — 10  (Rent cannot exceed 40% of to ared your rent with relatives and ppropriate box and enter percen	0% otal household in /or friends (other itage.	than y	our spouse	7		%	
Additional persons sharing rent/percentage to be entered: 1 (50%) 2 (33%) 3 (25%)  8. Net rent paid — Multiply Line 6 by the percentage on Line 7.				8		1		
Net rent paid — Multiply Line 6 by the percer     Multiply Line 8 by 20%. Enter amount here all				9		00		



2008 FORM MO-CRP Read instructions.
 Print or type.
 Failure to provide landlord information will result in denial or delay of your claim.

Williams.						roodit iii doillaí oi	aola, o.	your oranin	
1. SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY NUMB			ITY NUMBER			OU RELATED TO YOUR LAN , EXPLAIN.	NDLORD?	YES NO	
2. NAME			3.	LANDLORD'S	NAME, LA	AST 4 DIGITS OF SSN, OR F	EIN (MUST E	BE COMPLETED)	
ADDRESS OF RENTAL UNIT	(DO NOT LIST P.O. BOX)		LA	ANDLORD'S AI	DDRESS,	CITY, STATE, AND ZIP COD	E (MUST BE	COMPLETED)	
CITY, STATE, AND ZIP CODE	<b>.</b>		4.	LANDLORD'S	PHONE N	NUMBER (MUST BE COMPL	ETED)		
5. RENTAL PERIOD DURING YEAR	FROM: MONTH	DAY -		008	TO:	MONTH	DAY	_	YEAR <b>2008</b>
		ot(s) for each rent payme					6		00
A. APARTMEN B. MOBILE HC C. BOARDING D. SKILLED OI E. HOTEL If mo F. LOW INCOM G. SHARED RI or children	IT, HOUSE, MOBILE HOME LOT — 100%  HOME / RESIDENTIAL R INTERMEDIATE CAP eals are included, enter ME HOUSING — 100% ESIDENCE — If you shauder 18), check the a	responding percentage of DME, OR DUPLEX — 10 of the NURSING HOME — 4 — 50%; Otherwise, enter (Rent cannot exceed 40 pared your rent with relative percentage to be enterespercentage to be enterespondered (Rent cannot exceed 40 percentage to be enterespercentage to the property of the property o	5% er — 100% % of total hes and/or fripercentage	ends (other	than yo	our spouse	7		%
			•	•	, ,		8		00
8. Net rent paid — Multiply Line 6 by the percentage on Line 7							9		00
o. Mulliply Lille 0 by 20	Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS						0		100

MO 860-1089 (09-2008)

For Privacy Notice, see the instructions.